

2009 301

Oct 3 - Six-MAN
BeachFest

Mariner's Point



THE CITY OF SAN DIEGO



OFFICE OF
SPECIAL
EVENTS

CITY OF SAN DIEGO
PLANNING AND ECONOMIC DEVELOPMENT
PERMIT CENTER
SEP 19 PM 1:27

SPECIAL EVENT PERMIT APPLICATION

THE CITY OF SAN DIEGO OFFICE OF SPECIAL EVENTS

SUMMARY OF EVENT

DESCRIPTION

Event Title

San Diego SIX-MAN BeachFest & Volleyball Tournament

Description

(This should be promotional in nature and cannot exceed 300 characters)

Six-on-six beach volleyball teams come & participate in Open, A, Masters or Coed divisions. Pool Play begins at 9am w/ Playoffs starting at approx 2pm. Sponsor booths, music & other activities are included.

Admission

(Information cannot exceed 300 characters)

\$150.-/per team + \$25 for additional players

Spectators are FREE

Event Category



Athletic/Recreation



Concert/Performance



Circus



Exhibits/Misc.



Farmer/Outdoor Market



Carnival



Festival/Celebration



Museum Special Attraction



Parade/Procession/March



Dance

Anticipated Attendance

Total 300

Per Day (ONE DAY)

Anticipated Participants

Total _____

Per Day _____

DATE/TIME

Setup

Date 10/3/09

Time 5:30 AM

Day of Week Saturday

Event Starts

Date "

Time 8:00 AM

Day of Week "

Event Ends

Date "

Time 6:00 PM

Day of Week "

Dismantle

Date "

Time 6:00 PM

Day of Week "

Location

Description

(Information cannot exceed 300 characters)

Mariner's Point - Mission Beach

Clear Entire Form

(SEA 10/00)

SUMMARY OF EVENT

NEIGHBORHOOD REGION

(Select one or more)

- ☐ Central San Diego (includes Gaslamp & Balboa Park)
- ☐ Eastern San Diego
- ☐ Mid-City San Diego
- ☒ Northern San Diego (includes Mission Bay Park)
- ☐ Southeastern San Diego
- ☐ Southern San Diego
- ☐ Western San Diego
- ☐ Northeastern San Diego

CONTACTS

Host Organization

San Diego Beach Improvement Group

Professional Organizer

Public Contact (Required)

Name: Laura Hendrickson

Telephone: (619) 888-6743

Non-Public Contact

(Required for internal use only)

Name: Mark Antis

Telephone: (619) 980-9508

Media Contact

(If different than Public Contact)

Name: _____

Telephone: () _____

Vendor Contact

(If different than Public Contact)

Name: _____

Telephone: () _____

Web Address

www.SanDiegoBIB.org/six-man.php

Yes No

☒ ☐ Is this an annual event? How many years have you been holding this event? 3

☒ ☐ Is your event part of a larger marketing campaign (i.e. Buds 'n Blooms, San Diego for the Holidays, etc.)?

If yes, please list

This is a fundraiser for San Diego
Beach Improvement Group, a non profit dedicated
to maintaining beach volleyball, basketball, other
athletic facilities as well as other improvement
projects at the beach.

Clear Entire Form

(SEA 10/00)

APPLICANT AND HOST ORGANIZATION INFORMATION

A written communication from the Chief Officer of the Host Organization authorizing the applicant and/or professional event organizer to apply for this Special Event Permit on their behalf must be submitted with your permit application.

Host Organization San Diego Beach Improvement Group
 Chief Officer of Host Organization Laura Hendrickson
 Applicant Name Laura Hendrickson
 Address Street 10762 Charbono Terrace
 City San Diego State CA Zip 92131
 Telephone Day 619-888-6743 Evening 858-578-7665 Fax _____ Pager/Cellular 619-888-6743

Please list any professional event organizer, event service provider, or commercial fund-raiser hired by you that is authorized to work on your behalf to plan, produce and/or manage your event.

Applicant Name _____
 Address Street _____
 City _____ State _____ Zip _____
 Telephone Day _____ Evening _____ Fax _____ Pager/Cellular _____

ORGANIZATION STATUS/PROCEEDS/REPORTING

Yes No

- ☐ ☒ Is the Host Organization a commercial entity?
- ☒ ☐ Is the Host Organization a bona fide tax exempt, nonprofit entity? If yes, you must attach to this application a copy of your IRS 501(C) tax exemption letter providing proof and certifying your current tax exempt, nonprofit status.
- ☒ ☐ Are patron admission, entry or participant fees required?
 If yes please provide amounts: Participants (teams of 6) = \$150 / Spectators = FREE
- ☒ ☐ Are vendor or other fees required? If they can afford it
 If yes please provide amounts: (\$250 for booth or in-kind product)
- \$ 4000 Estimated gross receipts including ticket, entry, vendor, product and sponsorship sales from this event.
 Please explain how this amount was computed: Team Entries, Booth Sponsors, Donations
- \$ 3500 Estimated expenses for this event.
- \$ 500 What is the projected distribution or net dollar amount the Host Organization will receive from this event?

(SEA 10/00)

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SITE PLAN/ROUTE MAP

Your event site plan/route map should be submitted in blueprint or CAD format and include but not be limited to:

- ☐ An outline of the entire event venue including the names of all streets or areas that are part of the venue and the surrounding area. If the event involves a moving route of any kind, indicate the direction of travel and all street or lane closures.
- ☐ The location of fencing, barriers and/or barricades. Indicate any removable fencing for emergency access.
- ☐ The provision of minimum twenty foot (20') emergency access lanes throughout the event venue.
- ☐ The location of first aid facilities and ambulances.
- ☐ The location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, beer gardens, cooking areas, trash containers and dumpsters, and other temporary structures.
- ☐ A detail or close-up of the food booth and cooking area configuration including booth identification of all vendors cooking with flammable gases or barbecue grills
- ☐ Generator locations and/or source of electricity.
- ☐ Placement of vehicles and/or trailers.
- ☐ Exit locations for outdoor events that are fenced and/or locations within tents and tent structures.
- ☐ Identification of all event components that meet accessibility standards.
- ☐ Other related event components not listed above.

NARRATIVE

Please provide a narrative and timeline of your event. You may provide this information as an attachment if necessary.

(See past year information)

(SEA 10/00)

Clear Entire Form

SECURITY PLAN

Yes No

☐☒

Have you hired a licensed professional security company to develop and manage your event's security plan? If yes, you are required to provide a copy of the security company's valid Private Patrol Operator's License issued by the State of California.

Security Organization _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____ Pager/Cellular _____

Private Patrol Operator License # _____

Please describe your security plan including crowd control, internal security or venue safety, or attach the plan to this application. _____

MEDICAL PLAN

Yes No

☐☒

Have you hired a licensed professional emergency medical services provider to develop and manage your event's medical plan?

If yes, please list: _____

Medical Services Provider _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____ Pager/Cellular _____

Please describe your medical plan including your communications plan, the number, certification levels (MD, RN, Paramedic, EMT) and types of resources that will be at your event and the manner in which they will be managed and deployed. Your plan should include hours of setup and dismantle of medical aid areas. You may attach the plan to this application if necessary. _____

(SEA 10/00)

Clear Entire Form

ACCESSIBILITY PLAN

This checklist is intended to serve as a planning guideline and may not be inclusive of all City, County, State and Federal access requirements. You may attach more detailed information if necessary.

Yes No

- ☒ ☐ Will there be a Clear Path of Travel throughout your event venue? Please describe There is plenty of room between volleyball courts
- ☐ ☒ Have you developed a Disabled Parking and/or Transportation Plan (including the use of public transportation or shuttle services) for your event? Please describe _____
- ☐ ☒ Will a minimum of 10% of portable rest rooms at your event be accessible? Please describe public restroom available
- ☒ ☐ Will all food, beverage and vending areas be accessible? Please describe _____
- ☒ ☐ Will all signage be provided in highly contrasting colors and placed so pedestrian flow will not obstruct its visibility? Please describe TBA
- ☐ ☒ If telephones are provided, will at least one telephone at each phone bank have a volume control and is hearing aid compatible? Please describe _____
- ☐ ☒ If an information center is provided at your event will customer service representatives be available to assist disabled individuals? Please describe _____
- ☐ ☒ If all areas of your event venue cannot be made accessible will maps or programs be made available to show the location of accessible rest rooms, parking, phones (if any), drinking fountains, and first aid stations? Please describe _____

PARKING AND SHUTTLE PLAN

Yes No

- ☐ ☒ Will your event involve the use of a parking and/or shuttle plan?

If yes, please describe or provide an attachment of your plan _____

(SEA 10/00)

Clear Entire Form

SAFETY EQUIPMENT

Yes No

☐ ☒ Will your event involve the use of traffic safety equipment?

If yes, please list: _____

Equipment Company _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____ Pager/Cellular _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____

ENTERTAINMENT AND RELATED ACTIVITIES

Yes No

☐ ☒ Are there any musical entertainment features related to your event?

If yes, complete the following information or provide an attachment listing all bands/performers, type of music, sound check and performance schedule.

Number of Stages _____

Number of Performers/Bands _____

Performer/Band name and music type _____

☒ ☐ Will sound checks be conducted prior to the event?
If yes, Start time 9:30 AM Finish time 5:30 pm

☒ ☐ Will sound amplification be used?
If yes, Start time 9:30 Finish time 5:30 pm

☐ ☒ Do you plan to have a patron dance component to either live or recorded music at your event?
If yes, please describe _____

☒ ☐ Please describe the sound equipment that will be used for your event Amp w/ 2-4 speakers, generator, sound system & cordless mikes.

☐ ☒ Will inflatables, hot air balloons or similar devices be used at your event?
If yes, please describe _____

☐ ☒ Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics?
If yes, please describe _____

☐ ☒ Will your event include the use of any signs, banners, decorations, or special lighting?
If yes, please describe _____

☒ ☐ Will there be massage activities at your event?
If yes, please describe We usually have a chiropractor on site & they may do massage

☐ ☒ Do your event plans include any casino games, bingo games, drawings or lottery opportunities?
If yes, please describe _____

(SEA 10/00)

Clear Entire Form

ALCOHOL

Yes No

☒ ☐ Does your event involve the use of alcoholic beverages?

If yes, please check all that apply:

- ☐ Free/Host Alcohol
- ☐ Alcohol Sales
- ☐ Host and Sale Alcohol
- ☐ Beer
- ☐ Beer and Wine
- ☒ Beer, Wine and Distilled Spirits

Please describe your security plan to ensure the safe sale or distribution of alcohol at your event. _____

A Beer garden will be built w/ 2 entrance/exits, plus security guards to satisfy the city's requirements.

FOOD CONCESSIONS OR PREPARATION

Yes No

☒ ☐ Does your event include food concession and/or preparation areas?

If yes, please describe how food will be served and/or prepared Domino's Pizza will be sold in prepackaged containers. Drinks from sponsors (non-alcoholic) will also be distributed.

☐ ☒ Do you intend to cook food in the event area?

If yes, please specify method:

- ☐ Gas
- ☐ Electric
- ☐ Charcoal
- ☐ Other (specify) _____

Clear Entire Form

CONCESSIONAIRES

Yes No

☐ ☒ Will items or services be sold at your event?

If yes, please describe or attach a complete list of vendors and include a sample of the vendor pass that will be used. _____

☐ ☒ Will items or services sold at your event present unique liability issues (e.g. body piercing, massage, animal rides, etc.)?

If yes, please describe or attach a complete list of vendors. _____

PORTABLE REST ROOMS

You are required to provide portable rest room facilities at your event, unless you can substantiate the sufficient availability of both ADA accessible and nonaccessible facilities in the immediate area of the event site which will be available to the public during your event.

Yes No

☐ ☒ Do you plan to provide portable rest room facilities at your event?

If yes: Total number of portable toilets _____

Number of ADA accessible portable toilets _____

If no: Please explain: _____

Rest Room Company _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____ Pager/Cellular _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____

(SEA 10/00)

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SANITATION AND RECYCLING

Number of Trash Cans 10

Number of Trash Cans with Lids 5

Number of Dumpsters with Lids
(One for every increment of 400 people)

0 (some on property)

Number of Recycling Containers 10

Sanitation Company _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____ Pager/Cellular _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____

Please describe your plan for cleanup and removal of recyclable goods, waste and garbage during and after your event.

MITIGATION OF IMPACT

Yes No

- ☐ ☐ Have you presented your event concept to the officially recognized community groups that represent the venue area? If yes, please attach letters of endorsement or support from each of these groups.

If no, please explain _____

- ☐ ☐ Have you meet with the residents, businesses, places of worship, schools and other entities that may be directly impacted by your event? If yes, please attach a complete list of these entities.

If no, please explain _____

- ☒ ☐ Do you have a sample of the notice that you propose to distribute two weeks prior to your event? If yes, please attach.

If no, please explain See samples from 2008

(SEA 10/00)

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MARKETING AND PUBLIC RELATIONS

Yes No

☒ ☐ Will this event be marketed, promoted, or advertised in any manner?

If yes, please describe Web site, email, newspaper, radio

☐ ☒ Will there be live media coverage during the event?

If yes, please describe _____

☐ ☒ Will media vehicles be parked within the event venue?

If yes, please describe safety plan _____

☐ ☐ Do you have a plan to control or limit the placement and/or distribution of promotional signage, stickers, and other items?

If yes, please describe _____

INSURANCE REQUIREMENTS

Name of Insurance Agency Michael Ehrenfeld Company

Address Street 2655 Camino Del Rio No, Ste 200

City San Diego State CA Zip 92108

Telephone Day 619-683-9990 Evening _____ Fax _____ Pager/Cellular _____

Contact Name Fred Leibel

Policy Type Commercial General Liability + Liquor Liability
Included

Policy Amount _____

Policy Number _____

(SEA 10/00)

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AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the San Diego Municipal Code and I understand that this application is made subject to the rules and regulations established by the City Council and/or the City Manager or the City Manager's designee. Applicant agrees to comply with all other requirements of the City, County, State, Unified Port District, MTDB, Federal Government, and any other applicable entity which may pertain to the use of the Event venue and the conduct of the Event. In the event that a possessory interest subject to property taxation is created by virtue of this use permit, I agree to pay all possessory interest taxes and the City shall not be liable for the payment of such taxes. I further agree that the payment of any such taxes shall not reduce any consideration paid to the City pursuant to this use permit. I agree to abide by these rules, and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of San Diego.

Print Name of Applicant/Host Organization Laura Hendrickson
San Diego Beach Improvement Group

Title Executive Director

Signature Laura Hendrickson

Date 9/19/08

Print Name of Professional Event Organizer _____

Title _____

Signature _____

Date _____